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22204 7590 12/09/2010

NIXON PEABODY LLP
401 9TH STREET, N.W.
SUITE 900
WASHINGTON, D.C. 20004-2128



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(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/772,267	02/06/2004	Shunpei YAMAZAKI	740756-2708	4444

TITLE OF INVENTION: SEMICONDUCTOR MANUFACTURING DEVICE

APPLN. TYPE.	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$1810	\$0	03/09/2011
EXAMINER		ART UNIT		CLASS-SUBCLASS		
MOORE, KARLA A		1716		118-715000		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363) <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	1. <u>NIXON PEABODY LLP</u> 2. <u>Jeffrey L. Costellia</u> 3. _____
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Semiconductor Energy Laboratory Co., Ltd.

(B) RESIDENCE: (CITY & STATE OR COUNTRY)

Kanagawa-Ken, Japan

Please check the appropriate assignee category or categories (will not be printed on the patent) individual corporation or other private group entity government

4a. The following fee(s) are enclosed: <input checked="" type="checkbox"/> Issue Fee <input checked="" type="checkbox"/> Publication Fee <input checked="" type="checkbox"/> Advance Order - # of Copies <u>3</u>	4b. Payment of Fee(s): <input type="checkbox"/> A check in the amount of the fee(s) is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 19-2380 (enclose an extra copy of this form).
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(Authorized Signature) <u>Jeffrey L. Costellia, Reg. #35483/</u> (Typed or Printed Name) <u>Jeffrey L. Costellia</u>	(Date) <u>March 9, 2011</u>
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Adjustment date: 03/10/2011 HVUONG2
 11/10/2010 INTESW 00000361 192380 10772267
 01 FC:1501 1510.00 CR

03/10/2011 HVUONG2 00000006 192380 10772267
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